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Sheet

1

Q

2

Application Number

**Filing Date**

**First Named Inventor**

**Art Unit**

**Examiner Name**

Attorney Docket Number

Complete If Known 428

HEREWITH

**Clint Alan Ecoff**

Age Group	Percentage of Respondents
18-29	85%
30-49	80%
50-69	75%
70+	70%

PA030200

[illegible][illegible]

**Examiner  
Signature**

Date Considered

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PTO/SB/08b(08-03)

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# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

**(Use as many sheets as necessary)**

Sheet	2	of	2
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### Complete if Known

Application Number

Filing Date

**First Named Inventor**

**Art Unit**

**Examiner Name**

Attorney Docket Number

~~Complete if Known~~  
~~107-564-428~~

HEREWITH

Clint Alan Ecoff, et al.

PU030200

### NON PATENT LITERATURE DOCUMENTS

[illegible]

**Examiner  
Signature**

Date  
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